Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011587	A. BUILDING _____ B. WING _____	12/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWALK AT LUTHERWOODS	1301 N RITTER AVE INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Dates of Survey: December 27, 28, 29, 2011 Facility Number: 011587 Provider Number: 011587 Aim Number: N/A Survey Team: Courtney Mujic, RN- TC Dinah Jones, RN Barb Hughes, RN (December 27, 29, 2011) Beth Kolasa, RN Marcy Smith, RN (December 28, 29, 2011) Census Bed Type: Residential: 88 Total: 88 Census payor type: Medicaid: 41 Private: 47 Sample Size: 7 Rosewalk at Lutherwoods was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey. Quality review completed 12/30/11 Cathy Emswiller RN	R 000		